

Change in Registration for Purchasing Groups**Due within 10 days of effective date of change.**Name of Purchasing Group *(if name is changing, enter old name here and new name in first box below)*

Group's Federal Employer I.D. Number

Check box(es) to show which Purchasing Group registration information changed:	New information	Effective date of change
<input type="checkbox"/> Purchasing Group Name <input type="checkbox"/> Address <input type="checkbox"/> Phone Number		
<input type="checkbox"/> Delete past Insurer		
<input type="checkbox"/> Add new Insurer		
<input type="checkbox"/> Delete Agent, Agency or Risk Retention Group <input type="checkbox"/> Change Agent, Agency or Risk Retention Group		
<input type="checkbox"/> Add state		
<input type="checkbox"/> Delete state		
<input type="checkbox"/> Change Purchasing Group Officer		
<input type="checkbox"/> Change Purchasing Group Contact person		
<input type="checkbox"/> Other (describe)		

Attach additional sheets if needed.**Officer Certification:**

I certify that the information in this report and any attachments included with it is complete and correct.

Signature of officer of the Purchasing Group

Date signed

Officer Name and Title *(please type or print)*

Name and phone number of person to contact regarding this report

